Hearing & CCHD Reporting in HiTrack
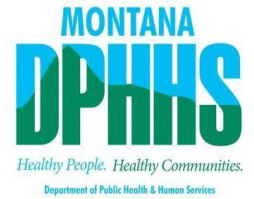
Children's Special Health Services
Department of Public Health and Human Services

Login Page

User names and passwords are assigned by Jessica. These are unique to each user to maintain data security and privacy.

If you have any difficulties with the website, contact the NCHAM helpdesk at 435-797-3584. They are very helpful and will get back to you quickly if you have to leave a message!

Hearing & CCHD Reporting in HiTrack

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Healthy People. Healthy Communities.
Department of Public Health & Human Services

Baby Data

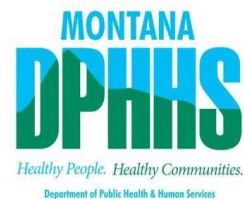Enter a new baby. Make sure to include as much information as possible here!

- Baby first and last name
- DOB
- Physician name
- Mother first and last name
- Address and phone number
  -especially important for babies that do not pass hearing or CCHD screenings

Save.

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Hearing Screening Results

Enter the screening date and left/right ear results. Apply, and then Save.

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Notes Section

After saving, go to the "Demographics" page of the baby's record.

Click on the yellow area of this page, the 'Notes' section.

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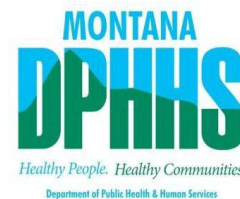
CCHD Results

There are three types of notes you can enter here.

1. Baby Note: This is a great place to enter any information on this baby that you want the Hearing Screening Program to know. If the baby did not pass screening and there is a follow up appointment scheduled, or if the baby is going to see an audiologist for further evaluation, let us know!

2. CCHD Screening: There are four choices for CCHD results.
    - **Pass** if the baby <u>passed</u> screening
    - **Fail** if the baby <u>failed</u> screening
      PLUS complete the Failed Screening Form and fax to State Newborn Screening Program
    - **Not Screened** if the baby was <u>not screened</u> for some reason
    - **Refused** if the baby's family <u>refused</u> screening

3. CCHD Screening Notes: Just a place to put any other comments about the CCHD screening process, especially reasons why a baby was not screened.

Enter any information, as needed, and click the save button. You then have the option to "Add Note" for adding other types of notes. When you finish, use the "Close" button to return to the baby's demographics page.

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CCHD Fax Form

Newborn Pulse Oximetry Screening For Critical Congenital Heart Disease
Failed Screen Reporting Form

Date_____ Facility_____ MRN_____

Name (last, first)	DOB	Time of Birth (military)
Gestational age (weeks)	Birth Weight	Gender
Was a 2nd trimester ultrasound performed? Yes No Don't Know	Infant's Primary Care Provider	

Screening Information	First Pulse Ox Screen	Second Pulse Ox Screen (if indicated)	Third Pulse Ox Screen (if indicated)
Right hand	%	%	%
Foot	%	%	%
Age in hours	Hrs	Hrs	Hrs

Was an echocardiogram performed?   Y   N   Don't Know
     If yes- date_____Facility_____
     Echocardiogram reviewed by: _____
     Was telemedicine used to review this echocardiogram?   Y   N   Don't know

Was the patient transferred?   Y   N
     If yes- Where? (Facility name)_____Date of transfer_____

Findings (please list **all** diagnoses and include ICD9 codes):
_____
_____
_____
_____

Comments:_____
_____
_____
_____

Person completing form:_____

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FAX COMPLETED FORM TO:
Montana Newborn Screening Program
Fax 406-444-2750
For questions call 406-444-3622

This form is found on our website:
http://dphhs.mt.gov/publichealth/cshs/NewbornScreeningPrograms/CriticalCongenitalHeartDiseaseScreening/CCHDProviderResources

Any time a child fails the CCHD screening process, please enter the failed screen result in HiTrack, then fill out this form and return it to our program. Even if you don't have all the information, fill out as much as you know and fax it in- we'll use it to help with follow up!

Hearing & CCHD Reporting in HiTrack

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Department of Public Health and Human Services

Please contact us with any questions!! We are here to help!

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